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CONFIRMATION NO. 9765

SERIAL NUMBER 10/697,141	FILING OR 371(c) DATE 10/30/2003 RULE	CLASS 422	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 1883 C
APPLICANTS Yoseph Yaacobi, Fort Worth, TX; <i>Yaacobi</i>				
** CONTINUING DATA ***** This application is a DIV of 10/187,006 07/01/2002 PAT 6,669,950 which is a CON of 09/664,790 09/19/2000 PAT 6,416,777 which claims benefit of 60/160,673 10/21/1999 <i>Yaacobi</i>				
** FOREIGN APPLICATIONS ***** NONE. <i>Yaacobi</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/06/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>Yaacobi</i> Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 5
INDEPENDENT CLAIMS 1				
ADDRESS 26356				
TITLE Ophthalmic drug delivery device				
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	